

FAIRFAX COUNTY HEALTH DEPARTMENT

PERMIT APPLICATION

MARK ALL APPLICABLE BOXES:

() NEW CONSTRUCTION () SEWAGE DISPOSAL SYSTEM PERMIT () INDIVIDUAL WELL WATER SUPPLY PERMIT
() ADDITION/REMODELING () WELL ABANDONMENT () SEWAGE DISPOSAL SYSTEM EXPANSION

TO BE COMPLETED BY THE APPLICANT PLEASE PRINT CLEARLY

OWNER _____ ADDRESS _____ PHONE _____

_____ ZIP _____

AGENT _____ ADDRESS _____ PHONE _____

_____ ZIP _____

SUBDIVISION _____ SECTION _____ BLOCK _____ LOT _____

PROPERTY ADDRESS _____ TAX MAP _____

() RESIDENTIAL

Sewage: () Septic Tank () Public () Other _____ () Basement - Plumbing in Basement () Yes () No
Number of Potential Bedrooms _____

Water: () Well () Public () Other _____

() COMMERCIAL

Sewage: () Septic Tank () Public () Other _____ Estimated Number of Patrons _____ Number of Employees _____
Estimated Daily Water Usage _____ Gallons

Water: () Well () Public () Non-Community () Other _____

DESCRIBE ADDITION/REMODELING: _____

I GIVE PERMISSION TO THE HEALTH DEPARTMENT TO ENTER ONTO THE PROPERTY DESCRIBED FOR THE PURPOSE OF PROCESSING THIS APPLICATION. I UNDERSTAND A SUBSTANTIAL PHYSICAL CHANGE TO THE PROPERTY MAY VOID APPROVAL OF THE LOT FOR AN ONSITE SEWAGE DISPOSAL SYSTEM.

SIGNATURE _____ PRINT NAME _____

DATE _____ () OWNER () AGENT

For Department Use Only

HD:ID:NO: _____

Date Lot Approved: _____ Type System _____ Design for _____ Bedrooms or _____ Gallons per Day

Perc Rate _____ Depth _____ Septic Tank Gallons _____ Absorption Field _____ (Lin. Ft.) Reserve Area _____ (Lin. Ft.)

Building Permit Number _____ Receipt Number _____

Remarks _____

REVIEWED BY _____ TITLE _____ DATE _____